



**Financial Affairs Division
Arizona Department of Insurance**

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

Phone: (602) 364-3999

Web: <https://insurance.az.gov>

**ANNUAL STATEMENT WORKSHEET FOR
DOMESTIC LIFE AND DISABILITY REINSURER**

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

THIS WORKSHEET AND THE ANNUAL STATEMENT ARE DUE MARCH 31

Initial if Enclosed ↓ ↓ ↓	Initial at left of each item enclosed with Annual Statement	AGENCY Use Only ↓ ↓ ↓
_____	A. Annual Statement – 8-1/2" X 14" (Proper color jacket, securely bound in two-sided book form) MUST INCLUDE THE FOLLOWING TO BE COMPLETE: 1. Jurat Page a. TWO executive officer original signatures (Names must be listed on Jurat Page) b. Notary signature and stamp or seal 2. Actuarial Opinion (Enter N/A in box if premiums and reserves = Zero <input type="text"/>) 3. Life Risk Based Capital Report (Hard copy only)	_____
_____	B. Form E-178 Certificate of Disclosure MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE: 1. Part A must be answered yes or no (If yes, must have attachment) 2. Part B must be answered yes or no (If yes, must have attachment) 3. TWO executive officer original signatures (Names must be on Jurat Page) a. Notary signature and stamp or seal	_____
_____	C. Management Discussion & Analysis with Transmittal Form E-MDA (due April 1)	_____
_____	D. IF AVAILABLE, Audited Financial Report with Transmittal Form E-AFR (due June 1)	_____

MAIL SEPARATELY TO THE FINANCIAL AFFAIRS DIVISION:

Annual Insurance Holding Company System Registration Statement
Form B and C (due March 31)

PREPARED BY:

Name and Title

Phone Number

Email address